

California Department of Mental Health

Draft 2007 PMS and EHR RFI

Practice Management - Blue Level

Background:

To help better understand each vendor's EHR application, we have created a short survey that clarifies the type of software your company provides. There are 23 sections relating to product functionality and 8 sections relating to company viability and integration with your current or new Practice Management System. The Sections are categorized based on the Department of Mental Health's Roadmap for an Integrated Information System. The Roadmap categories are:

Infrastructure (Green Level)

Includes: Hardware and software with basic level of security and systems ready to deploy software

Practice Management (Blue Level)

Includes: Registration, eligibility, billing, documentation and reporting

EHR "Lite" (Purple Level)

Includes: Clinical documentation such as assessment, treatment notes and other clinical measures. May also include document imaging capabilities

Computerized Provider Order Entry (CPOE) (Pink Level)

Includes: Internal and external laboratory, pharmacy and/or radiology ordering and history display

Full EHR (Red Level)

Includes: infrastructure, health record capture, decision support, reporting, data transfer and CPOE components that are interoperable with external systems using industry standards

Full EHR and PHR (Gold Level)

Includes: Full EHR functionality and an interoperability with a Personal Health Record system

Instructions:

- The vendors should review each of the categories in "Section A" (**pages 5 - 17**) and should circle the level number that best describes the functionality that the company provides within their EHR Application as of 2007.
- The vendors should review each of the categories in "Section B" (**pages 18 – 20.**) and should circle the level number that best describes the company's viability and service levels for 2007.
- Once completed, the vendor should record the circled number on the Microsoft Excel "EHR Selection Tool" spreadsheet. BE SURE TO TURN THE EXCEL SPREADSHEET IN AS A SPREADSHEET
- For functions that are anticipated to be available in 2008, use the comments section of the spreadsheet to describe the release date of the function

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Level	A - System Technology Architecture
1	<ul style="list-style-type: none"> ○ The product does not use MS SQL, MY SQL or Oracle..
2	<ul style="list-style-type: none"> ○ Software provides base line technology using a relational database designed to speed the access of patient data.
3	<ul style="list-style-type: none"> ○ Software provides Level-2 base line and advanced technologies using nationally recognized relational databases, newer programming languages, and Microsoft windows technologies
4	<ul style="list-style-type: none"> ○ Software provides Level-3 advanced technologies using current and future nationally recognized advanced systems. The product is based on dot.net capability.
5	<ul style="list-style-type: none"> ○ Software provides Level-4 advanced, nationally recognized, practice customized technologies. The system can operate in a Service Oriented Architecture (SOA) for interoperability.

Level-	B- Security, Guarantees Confidentiality, Privacy and Audit Trails
1	<ul style="list-style-type: none"> ○ Software does not encrypt patient data.
2	<ul style="list-style-type: none"> ○ Software provides base line security with an Encrypted database structure.
3	<ul style="list-style-type: none"> ○ Software provides Level-2 base line and advanced security that is currently implemented, fully compliant with all state and national regulations pertaining to patient data privacy, including HIPAA. This includes the proper security for digital signatures using the California required PKI structure.
4	<ul style="list-style-type: none"> ○ Software provides Level-3 advanced security plus customized security by the patient chart Level-and by data elements. The system shall allow role based authenticated access to distinct data elements and shall include appropriate audit trails and for administrative and client review.
5	<ul style="list-style-type: none"> ○ Software provides Level-4 advanced, nationally recognized, practice customized public / private key algorithm technologies to ensure approved access to the System (e g personal authentication devices). The product provides the ability for the patient and physician to establish the desired confidentiality level down to the data element level in the EHR.

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Level	C– Equipment Interfaces (suggest delete or modify to include the hand held device questions from the cover sheet)
1	<ul style="list-style-type: none"> Software does not provide the ability to interfaces to any clinical equipment that is located in an office.
2	<ul style="list-style-type: none"> Software provides basic equipment interfaces with scales and vital equipment
3	<ul style="list-style-type: none"> Software provides Level-2 equipment interfaces with EKG equipment and Holter monitors
4	<ul style="list-style-type: none"> Software provides Level-3 equipment interfaces with DICOM compliant X-Ray digital equipment that might me in my office or x-rays that are produces by other organizations.
5	<ul style="list-style-type: none"> Software provides Level-4 equipment interfaces for any and all compliant equipment that is located in my office today and potentially in the future.

Level	D - Integration and Interfacing
1	<ul style="list-style-type: none"> The software is not interfaced with other products
2	<ul style="list-style-type: none"> Software provides base line interfacing to current or replacement practice management systems
3	<ul style="list-style-type: none"> Software provides Level-2 base line and advanced interfacing with current or future practice management system using HL7 v 2.x or higher.
4	<ul style="list-style-type: none"> Software provides Level-3 advanced integration and interfacing will all current equipment and PMS applications. Also allows ability to interface with local hospitals and other practices within my community.
5	<ul style="list-style-type: none"> Software provides Level-4 advanced, nationally recognized, practice customized interfaces to almost all equipment that is HL7 compliant, community and national initiatives, and any healthplan P4P program. Also provides interface with personal health records using nationally recognized standards.

Level	E- Reporting
1	<ul style="list-style-type: none"> Software provide base line reports with no customization.
2	<ul style="list-style-type: none"> Software provides base line reporting based on series of static reports
3	<ul style="list-style-type: none"> Software provides Level-2 base line reporting plus advanced customized reporting for adjusting reports based on my specific needs. The vendor may need to customize the reports for me. Need to add in CSI and DCR or other reporting specific to California

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	needs
4	<ul style="list-style-type: none"> Software provides Level-3 advanced reporting where I can create my own reports based on my specific needs. Full access to data files allowing the practice to develop their own reporting.
5	<ul style="list-style-type: none"> Software provides Level-4 advanced, nationally recognized, practice customized reporting where the report is dynamic. Basically, I can run a report on the screen and then drill up and down within the report to see how the specific data was gathered. By clicking on a report line, an individual can drill down to the individual patient's chart.

Level	A – Registration
1	<ul style="list-style-type: none"> Software provides a stand alone Registration system that is not interfaced with the same Scheduling and Billing.
2	<ul style="list-style-type: none"> Software provides a truly <u>integrated</u> Registration, Scheduling and Billing application all from the same vendor. Product allows for individual and/or family registration
3	<ul style="list-style-type: none"> Software provides a truly <u>integrated</u> Registration, Scheduling and Billing application all from the same vendor and <u>an interfaced</u> to the same vendor's document imaging and EHR software. The product requires two databases, one for PMS and one for EHR.
4	<ul style="list-style-type: none"> Software provides a truly <u>integrated</u> Registration, Scheduling and Billing application all from the same vendor along with a fully <u>integrated</u> EHR from the same vendor. The product is set up as one database for PMS, document imaging and EHR Software. The product may not share all alerts and master files between the products.
5	<ul style="list-style-type: none"> Software provides a truly <u>integrated</u> Registration, Scheduling and Billing application all from the same vendor and <u>an interfaced</u> to the same vendor's EHR. The product requires one databases for both the PMS and the EHR Software. The product shares all alerts and master files between all products. Health Maintenance alerts and reminders in the EHR application can show up within the scheduling application.

Level	B – Scheduling
1	<ul style="list-style-type: none"> Software does not provide an integrated patient Scheduling application.
2	<ul style="list-style-type: none"> Software provides a truly <u>integrated</u> Registration, Scheduling and Billing application all from the same vendor. Product allows base-line scheduling using practice specific scheduling templates
3	<ul style="list-style-type: none"> Level 2 scheduling as described above plus the ability to customize the scheduling templates by provider along with the ability of viewing multi provider schedules on one screen.
4	<ul style="list-style-type: none"> Level 3 Scheduling as described above plus the ability for resource scheduling for specific room, staff and equipment. System also allows for search ahead scheduling.
5	<ul style="list-style-type: none"> Level 4 Scheduling as described above plus shares all alerts and master files between all products. Health Maintenance alerts and reminders in the EHR application can show up within the scheduling application.

2007 PMS and EHR Selection Process

Functionality Categories

Roadmap Blue Level – Practice Management

Level	C – Eligibility Checking
1	<ul style="list-style-type: none"> Software provides no automated eligibility checking.
2	<ul style="list-style-type: none"> Software provides automated eligibility checking for individual patient's by automated launching into the payer's web site for manual re-entry of eligibility data for each patient.
3	<ul style="list-style-type: none"> Software provides Level 2 eligibility checking for individual patient's by automatically launching the payer's web site eligibility screen and fills in the appropriate data required for eligibility verification. Process does not require duplicate data entry.
4	<ul style="list-style-type: none"> Software provides Level 3 eligibility checking plus the ability to batch all patients scheduled to be seen in the next 48 hours as posted on the system's scheduling product. Eligibility tracking verification is posted in the patient's record.
5	<ul style="list-style-type: none"> Software provides Level 4 eligibility checking plus the ability to auto send patient's notifications if they are no longer eligible for services via auto generated letter or via the patient portal.

Level	D – Charge Capture
1	<ul style="list-style-type: none"> Software provides the ability for entering charges in manually and is not interfaced to the EHR for E & M coding.
2	<ul style="list-style-type: none"> Software provides the ability to enter charges in manually along with an interfaced to the EHR for E & M coding.
3	<ul style="list-style-type: none"> Software provides level 2 charge capture as described above plus the ability to post charges for more than one day for a given patient all on one screen. For example, work over the weekend that is entered on Monday.
4	<ul style="list-style-type: none"> Software provides level 3 charge capture as described above plus automated capture of E & M codes based on clinical data entered into the EHR based on current rules.
5	<ul style="list-style-type: none"> Software provides level 3 charge capture as described above plus CCI edits and LMRP edits to insure that all codes match the requirements of each healthcare payer.

2007 PMS and EHR Selection Process

Functionality Categories

Roadmap Blue Level – Practice Management

Level	E – Payment Posting
1	<ul style="list-style-type: none"> Software provides the ability to post patient payments and insurance payments manually.
2	<ul style="list-style-type: none"> Software provides Level 1 payment posting plus the ability to post patient co-pay payments at the time of check-in. Software also allows automated EOB posting for multi patients from individual payers. Adjustments are made manually.
3	<ul style="list-style-type: none"> Software provides Level 2 payment posting plus the ability to post insurance payments for multi patients via batch posting where the software counts down the dollar amount of the check as payments and adjustments are posted to each patient's account. Insurance adjustments are made automatically for electronic EOB transactions.
4	<ul style="list-style-type: none"> Software provides Level 3 payment posting plus the ability to identify when the insurance plan is not paying the appropriate pre-approved amount. Software provides a report showing under payments based on the plans specific providers' contract.
5	<ul style="list-style-type: none"> Software provides Level 4 payment posting plus the ability to post patient payments via a secure internet connection.

Level	F – Claims Submission/Billing
1	<ul style="list-style-type: none"> Software does not provide electronic claims submission.
2	<ul style="list-style-type: none"> Software provides electronic claims submission via a clearinghouse.
3	<ul style="list-style-type: none"> Software provides level 2 electronic claims submission plus an internal claims scrubber designed to make sure claims go out correctly. Software provides HIPAA-compliant 837 file format. The system can import the standardized 997 acknowledgment and 835 remittance file and can produce an 837 COB claim to be submitted for reimbursement from the secondary payer.
4	<ul style="list-style-type: none"> Software provides level 3 electronic claims submission plus auto trails stating how many e-claims were submitted and which claims were rejected along with the rejection code.
5	<ul style="list-style-type: none"> Software provides level 4 electronic claims submission plus the ability to send patient statements electronically

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Functionality Categories

Roadmap Blue Level – Practice Management

Level	G – Reporting
1	<ul style="list-style-type: none"> Software provides base line reporting without end-user customization. And changes in the reports have to be handled by the software vendor.
2	<ul style="list-style-type: none"> Software provides base line reporting that can be customized by the end-user without the need to work directly with the software vendor.
3	<ul style="list-style-type: none"> Software provides level 2 reporting plus the ability to customized the report by selecting specific parameters and sorting capability. For example, given me all of my patients that have been seen in the past 12 months that have a CBC lab value greater than xx and then sort the listing by patient age or alphabetically. The software allows the user to view on-line or print to paper.
4	<ul style="list-style-type: none"> Software provides level 3 reporting plus the ability to drill up and down within the report by clicking on a specific record. Once clicked, product drills down into the patient's specific chart or record. For example run a report of all outstanding insurance balances over 30 days sorted by carrier. Then select one of the carriers and show the outstanding balances by provider. Then be able to click on the providers name and see the individual claims that are outstanding by patient name for that specific provider. Basic drill up and drill down capability while in the report.
5	<ul style="list-style-type: none"> Software provides level 4 reporting plus the ability to create specific predefined reports by end-user as a daily log of work that needs to be preformed by an individual worker. The software provides this customization to ensure that all functions in healthcare organizations are performed at the right time by the right person. The software follows a specific task from beginning to end, ensuring completion. Task assignments are specialized, with certain activities directed to specific staffers because of expertise (e.g., one employee may handle all follow-ups for one specific payer).

Level	H – Auto Process Flow
1	<ul style="list-style-type: none"> Software provides no auto process flow checking.
2	<ul style="list-style-type: none"> Software prompts staff for information that should be gathered during a specific process. For example, when checking in a Medicare Patient, have the patient complete and sign selected forms
3	<ul style="list-style-type: none"> Software provides level 2 auto process flow as described above plus the software creates the required forms that need to be completed and signed by the patient. For example, a workman's comp patient needs specific forms completed and signed. The system creates the required forms based on practice specific criteria.
4	<ul style="list-style-type: none"> Software provides level 3 auto process flow as described above plus the software creates the required forms on a tablet so that the patient can signed all required forms without the need to print the paper. If the patient requires the forms after signing, the staff can print the forms for the patient.
5	<ul style="list-style-type: none"> Software provides level 4 auto process flow as described above plus the software has user-friendly tool prompts to perform a variety of functions such as reviewing all components on the superbill so charges can be accurately captured, checking for co-pays or balances due from patients, gathering outstanding insurance or demographic information, processing any referrals or care-related orders, and scheduling follow-up appointments. Guiding users through a progression of screens, Auto process flow ensures appropriate data has been entered in required fields.

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Functionality Categories

EHR “Lite” – Purple Level

Level	I- Charge Capture for California Mental Health coding plus E & M Coding
1	<ul style="list-style-type: none"> Software does not provide automated Charge Capture and E & M required California Dept of Mental Health Coding
2	<ul style="list-style-type: none"> Software provides base line charge capture and the ability to submit the charges to current or future practice management system. Can capture and submit charges to Dept of Mental health systems? – Need help here
3	<ul style="list-style-type: none"> Software provides Level-2 base line and advanced E & M , Short Doyle? coding guidelines designed to insure that the actual charges match the clinical charting. Need help here – more Coalition language? – UMDAP etc.
4	<ul style="list-style-type: none"> Software provides Level-3 advanced charge capture for both nurses and physicians following the 1997 E & M coding requirements. System tracks the number of points per E & M coding category and provides the provider with a one page summary of the appropriate E & M code. Would change this to include the partial billing by minutes for group therapy as noted in the Coalition documents. See attached.
5	<ul style="list-style-type: none"> Software provides Level-4 advanced, nationally recognized, practice customized E and M coding tied to the patient’s specific healthcare plan for maximizing charge capture via pre-authorization alerts and guidelines. System provide advice in charge capture based on best practices, practice guidelines and reports variances from guidelines.

Level	A - Patient Encounter Documentation
1	<ul style="list-style-type: none"> Vendor provides base line charting with very limited templates. Nurses can capture clinical data about the patient and the physician can type or dictate info into a base form
2	<ul style="list-style-type: none"> Software provides a base line charting with alerts specific to behavioral health. No national alerts or guidelines are required. Simple documentation following templates that can be modified by the EHR vendor.
3	<ul style="list-style-type: none"> Software provides Level-2 (see above) base line charting with practice specific clinical alerts. No national alerts or guidelines are required. Simple documentation following templates that can be modified by the practice and by the individual provider. Base-line Orders and results reporting capability. Should add language regarding the treatment assessment and other for mental health.
4	<ul style="list-style-type: none"> Software provides Level-3 documentation with advanced pre-built templates that can be customized by either the vendor or the practice based on specific practice requirements. Documentation follows national guidelines like CCd, SNOMED, and CCHIT and California requirements for CSI and DCR.

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Functionality Categories

EHR “Lite” – Purple Level

5	<ul style="list-style-type: none"> Software provides Level-4 advance documentation, nationally recognize templates based on base practices, clinical guidelines, customizable to my practicing patterns. This product provides hyperlinks to outside clinical knowledge databases, problems are linked to orders. Ability to view summary information regarding the patient’s conditions on one customizable screen and California requirements for CSI and DCR. Documentation follows national guidelines like CCR, SNOMED, and CCHIT. Ability for patient to enter data via a kiosk or via on-line web-based personal health record.
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Level	B – Patient Summary Page
1	<ul style="list-style-type: none"> Software does not provide a one-page summary page that lists information about the patient.
2	<ul style="list-style-type: none"> Software provides at minimum the ability to review basic information about the patient including all demographics and Insurance information
3	<ul style="list-style-type: none"> Software provides Level-2 Patient Summary page plus the ability to review prior visit reasons, active medications, active lab results, next appointments, etc.
4	<ul style="list-style-type: none"> Software provides Level-3 Patient Summary page plus strong health maintenance alerts, prior vitals, patient messages, chronic diseases and other patient specific information.
5	<ul style="list-style-type: none"> Software provides Level-4 Patient Summary page plus the ability to customize the page based on the physician’s and practice unique needs.

Level	C - Patient Education
1	<ul style="list-style-type: none"> The software does not provide Patient Education materials in my EHR
2	<ul style="list-style-type: none"> Software provides at least the ability to print out patient educational materials during check-out. The educational material must be selected by the clinician based on their perceived needs. There is no auto interface to patient conditions.
3	<ul style="list-style-type: none"> Software provides Level-2 Patient Educational materials plus the ability to record that the materials were provider to the patient, and tracks health maintenance alerts and corresponding Patient Educational materials
4	<ul style="list-style-type: none"> Software provides Level-3 Patient Educational materials plus strong Patient Educational materials that can be customized by the practice and tied to national guidelines.
5	<ul style="list-style-type: none"> Software provides Level-4 Patient Educational materials plus advanced auto-populated patient educational materials that are tied directly to the clinical data that has been enter on the patient. The educational material is provided by national companies, updated regularly, can be modified by the practice, and can be printed in multi languages. Rather than offering a specific patient access to an established (general) source or platform, the software couples the diagnosis, treatment decision or condition of the patient with the dedicated specific education information that applies to the actual (medical) case.

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Functionality Categories

EHR “Lite” – Purple Level

Level	D - Clinician Dashboard
1	<ul style="list-style-type: none"> Software does not provide a clinician specific electronic dashboard showing list of patients for the day and outstanding messages.
2	<ul style="list-style-type: none"> Software provides base line clinician dashboard that shows patient for the day and any messages that are out standing, including patient calls, refill requests, lab order to review, etc.
3	<ul style="list-style-type: none"> Software provides Level-2 base line and advanced customizable clinician dashboard capability. I want the ability to receive and route clinical messages and reports to anyone within my office.
4	<ul style="list-style-type: none"> Software provides Level-3 advanced customizable clinician dashboard capability that can also track the location of the patient throughout the clinic. I want the ability to transmit clinical messages and reports to clinicians outside of my office.
5	<ul style="list-style-type: none"> Software provides Level-4 advanced, nationally recognized, practice customized clinician dashboards. I want the most sophisticated summary document of my practice. Dashboard should include practice statistics regarding visits, revenues, and AR days by day, month, and year.

Level	E - Alerts and Clinical Decision Support (CDS)
1	<ul style="list-style-type: none"> Software does not provide automated clinical alerts and decision support
2	<ul style="list-style-type: none"> Software provides base line alerts and clinical support based on the EHR vendor's clinical databases
3	<ul style="list-style-type: none"> Software provides Level-2 base line alerts and CDS plus advanced features based on my specific customizable guidelines.
4	<ul style="list-style-type: none"> Software provides Level-3 advanced alerts and CDS based on national recognized sources that are updated on a routine basis. The alerts must include drug alerts, clinical best practices, health maintenance alerts, and disease management guidelines.
5	<ul style="list-style-type: none"> Software provides Level-4 advanced, nationally recognized, practice customized alerts and CDS that can met all current and future guidelines via simplified advanced reporting or building of a new alert template.

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Functionality Categories

EHR “Lite” – Purple Level

Level	F - Laboratory Data
1	<ul style="list-style-type: none"> ○ The software does NOT allow the providers to order labs and see results.
2	<ul style="list-style-type: none"> ○ Software allows providers to order labs while within the EHR and have the ability to receive the results as a faxed document. No guidelines or LMRP (spell out) requirements.
3	<ul style="list-style-type: none"> ○ Software provides Level-2 lab ordering and results plus 2-way orders and results reporting with specific laboratories. Product checks for medical necessity, checks healthcare plan for ABN spell out, and prints ABN if required. Ability to view lab results in a flowsheet over time and the ability to graph labs results over a period of time.
4	<ul style="list-style-type: none"> ○ Software provides Level-3 advanced, practice customized 2-way laboratory interfaces with companies like Lab Corp and Quest. Order guidelines based on practice preference lists and patient condition. Results are automatically posting in patient chart and a note/message is sent to the provider/nurse based on practice alerts guidelines. Tracks all order tests and alerts practice if tests are not back within a specific timeline.
5	<ul style="list-style-type: none"> ○ Software provides Level-4 advanced, nationally recognized, practice customized 2-way laboratory interfaces. Lab orders based on best practices and national guidelines. Place orders matching Insurance plan requirements and ability to print ABN if not covered. Receiving lab orders electronically, ability to have the data automatically posted in a flowsheet, ability to graph data results over time. Can visually compare labs results to eRX. Ability to combine results from different labs using the same format.

Level	G - Electronic Prescriptions (eRX)
1	<ul style="list-style-type: none"> ○ Software provides no automated electronic prescribing software (eRX)
2	<ul style="list-style-type: none"> ○ Software provides base line eRX charting of prior medication ordered by the mental health service provider, ability to order new medications, ability to print prescription in the office. No drug alerts are provided.
3	<ul style="list-style-type: none"> ○ Software provides Level-2 base line and advanced eRX documentation, drug alerts that are updated by the EHR vendor (no national standard alerts), ability to electronically send prescriptions to specific pharmacies. Includes the medication history of client ordered by service provider AND other medical providers outside the clinic.
4	<ul style="list-style-type: none"> ○ Software provides Level-3 advanced eRX with nationally updated drug alerts based on multi parameters, insurance specific formulary compliance following companies like RXHub, pre-authorization alerts, and personalized eRX preference lists by provider. Ability to transmit eRX via SureScripts to the patient's preferred pharmacy.
5	<ul style="list-style-type: none"> ○ Software provides Level-4 advanced, nationally recognized, practice customized eRX with the ability to created customized preference lists based on the clinical findings of the patient. Ability for the patient to request eRX refills via secured web site. Ability to track when a patient does NOT pick up their medication from the pharmacy. Can update

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Functionality Categories

EHR “Lite” – Purple Level

the client personal health record with medication history information.

Level	H - Orders and Results
1	<ul style="list-style-type: none"> Software does not provide Orders and results reporting. What type of orders?
2	<ul style="list-style-type: none"> Software provides base line clinical orders capability and results reporting importing. No national guidelines, medical necessity checking.
3	<ul style="list-style-type: none"> Software provides Level-2 base line and advanced clinical orders capability based on national guidelines and following medical necessity checking. System tracks all orders and indicates when an order result is past due.
4	<ul style="list-style-type: none"> Software provides Level-3 advanced orders and results based on practice guidelines and national best practices based on the patient's condition. Health Maintenance alerts are automatically provided based on patient conditions and orders are pre-identified based on national guidelines. Orders and results are routed to the appropriate care giver based on practice-specific guidelines.
5	<ul style="list-style-type: none"> Software provides Level-4 advanced, nationally recognized, practice customized advanced clinical orders and results reporting that are based on national best practices and national accepted standards. Orders are driven off of the patient's condition, my personal preference lists, and advance features.

Level	I - Document Image Management
1	<ul style="list-style-type: none"> Software does Not provide the ability to scan in documents.
2	<ul style="list-style-type: none"> Software provides base line Document Imaging capability so tat I can scan in my old charts into one sub-folder (old chart). Ability to add pages when patients bring in need paper documents
3	<ul style="list-style-type: none"> Software provides Level-2 base line and advanced document imaging so that I can scan in prior paper records. The paper chart can then be sub-divided into clinical tabs based on the practice's specific requirements. Ability to scan in new documents at the front and back desk with workflow guidelines for routing documents for signature or review.
4	<ul style="list-style-type: none"> Software provides Level-3 advanced document imaging with the ability to add e-forms so that information can be completed by the patient, nurse or other caregiver using a paper based document than can be scanned in using OCR for data capture. The data is then automatically imported into the correct data filed within the EHR
5	<ul style="list-style-type: none"> Software provides Level-4 advanced, nationally recognized, practice customized document imaging that can be used by both the clinical staff and the financial/billing staff designed to capture both clinical and financial data regarding the patient. Ability to also create specific files for scanning of staff information, invoices, and other documents

2007 PMS and EHR Selection Process

Functionality Categories

Full EHR and PHR

	specific to the practice, but no oriented towards a given patient.
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Level	J - Dictation
1	<ul style="list-style-type: none"> Software does NOT have the ability to add dictation to the EHR
2	<ul style="list-style-type: none"> Software provides base line dictation where the physician can dictate a report; electronically send the report to transcriptionists, and after completion, the report can be imported back into the patient's EHR folder.
3	<ul style="list-style-type: none"> Software provides Level-2 advanced dictations where data is automatically captured from within the EHR and the physician's only needs to dictate specific findings within a specific section of the patient's note. The transcriptions receive an electronic wave file, and after transcription, the typed data is automatically imported back into the section of the note.
4	<ul style="list-style-type: none"> Software provides Level-3 advanced dictations with the capability of voice-to-text dictation designed to eliminate 90% of all transcription costs.
5	<ul style="list-style-type: none"> Software provides Level-4 advanced, nationally recognized, practice customized voice to text dictation based on practice specific requirements and clinical guidelines based on the patient's clinical condition.

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Functionality Categories

Full EHR and PHR

Level	A – Patient Specific Personal Health Record (PHR)
1	<ul style="list-style-type: none"> ○ We do not provide a web-based PHR for patients.
2	<ul style="list-style-type: none"> ○ Software provides base line PHR where I can send information to the patient for review.
3	<ul style="list-style-type: none"> ○ Software provides Level-2 base line and advanced patient PHRs with two-way communication with my patients. The patient can receive messages from me and the patient can send the practice requests for eRX refills, appointment scheduling, and inquires.
4	<ul style="list-style-type: none"> ○ Software provides Level-3 advanced PHR with the ability for the patient to enter in their demographics and insurance information. The PHR also allows the patient to enter family history, social history and prior medical history via an in-office Kiosk or via a secured PHR website.
5	<ul style="list-style-type: none"> ○ Software provides Level-4 advanced, nationally recognized, practice customized PHRs that meet national guidelines and best practices that can be customized to my unique practice needs.

Level	B - Disease Management (DM) and Outcomes Reporting with Clinical Trials reporting
1	<ul style="list-style-type: none"> ○ Software does NOT provide automated Disease Management and Outcomes Reporting with Clinical Trials reporting (do we care about clinical trials?)
2	<ul style="list-style-type: none"> ○ Software provides base line Disease Management and Outcomes Reporting with Clinical Trials reporting.
3	<ul style="list-style-type: none"> ○ Software provides Level-2 base line and advanced Disease Management and Outcomes Reporting with Clinical Trials reporting. The advance functionality includes; useable for multiple diseases and problems; provides reminders for health maintenance; prompts visits and screenings protocols; prompts/alerts can be modified by clinician; tracks patient visits; tracks patient lab results; flags unfilled orders for labs, prescriptions, etc.
4	<ul style="list-style-type: none"> ○ Software provides Level-3 advanced DM that can be customized by the practice.
5	<ul style="list-style-type: none"> ○ Software provides Level-4 advanced, nationally recognized, practice customized disease management tracking based on a patient's disease state or condition. The software prompts the user with lists of relevant tests and therapies as well as other relevant symptoms, history questions and physical finding questions that might not have been asked yet.

2007 PMS and EHR Selection Process

Functionality Categories

Full EHR and PHR

Level	C- Evidence-based reference content
1	<ul style="list-style-type: none"> Software does not provide automated Evidence-based reference content
2	<ul style="list-style-type: none"> Software provides base line Evidence-based reference content.
3	<ul style="list-style-type: none"> Software provides Level-2 base line and advanced Evidence-based reference content by providing links to clinical references which EMR users can then search or browse to find information via nationally recognized evidence based medicine.
4	<ul style="list-style-type: none"> Software provides Level-3 advanced Evidence-based reference that can be customized to the practice's unique requirements.
5	<ul style="list-style-type: none"> Software provides Level-4 advanced, nationally recognized, practice customized clinical reference content with clear labeling of the Level-s of evidence for facts/assertions and grades of recommendation for recommendations made, and these Level-s and grades are clearly and transparently based on the quality of the underlying evidence using reproducible processes.

Level	D - CCD and CCHIT Standards
1	<ul style="list-style-type: none"> Software does not provide automated critical clinical data (CCD) and/or CCHIT standards
2	<ul style="list-style-type: none"> Software provides base line CCD within the next 12 months
3	<ul style="list-style-type: none"> Software provides Level-2 base line CCD reporting within the next 6 months and are considering the CCHIT federal standards for an EHR
4	<ul style="list-style-type: none"> Software provides advanced CCD outputs and importing capability and has been CCHIT certified following the 2006 standard.
5	<ul style="list-style-type: none"> Software provides Level-4 advanced, nationally recognized 2-way CCD reporting with different EHR vendors within a community setting today. The vendor is expected to prepare to pass the behavioral health CCHIT standard when it is completed and released (estimated to be 2009).

2007 PMS and EHR Selection Process

Functionality Categories

Full EHR and PHR

Level	E – Hospital Rounds (suggest delete)
1	<ul style="list-style-type: none"> Software does not allow patients in the hospital or nursing homes to be entered into the database.
2	<ul style="list-style-type: none"> Software provides basic tracking of provider's patients that are located in remote settings.
3	<ul style="list-style-type: none"> Software provides Level-2 Hospital Rounds remote capability plus the ability to record charges for visits rendered.
4	<ul style="list-style-type: none"> Software provides Level-3 Hospital Rounds remote capability plus the ability to record clinical results of the patient visit.
5	<ul style="list-style-type: none"> Software provides Level-4 Hospital Rounds remote capability plus the ability to customize the product to meet my specific needs.

Level	F – Clinical Messages
1	<ul style="list-style-type: none"> Software does not provide the ability to send or receive electronic messages from anyone.
2	<ul style="list-style-type: none"> Software provides basic e-messages from and to staff to help eliminate the "sticky notes"
3	<ul style="list-style-type: none"> Software provides Level-2 e-messages from staff including automated routing and tracking of messages.
4	<ul style="list-style-type: none"> Software provides Level-3 e-messages plus the ability to communicate electronically one-way to the patient via secured email.
5	<ul style="list-style-type: none"> Software provides Level-4 e-messages plus the ability for 2-way e-messages with the patient.

2007 PMS and EHR Selection Process

Functionality Categories

Full EHR and PHR

Level	G –Mental Health
1	<ul style="list-style-type: none"> Software has not been used by free standing mental/behavioral health providers
2	<ul style="list-style-type: none"> Software provides a full interactive mental/behavioral health templates that have been installed in numerous facilities
3	<ul style="list-style-type: none"> Software provides Level-2 functionality plus nationally recognized mental/behavioral health care plans and alerts designed to improve the capture of patient related information based on best practices.
4	<ul style="list-style-type: none"> Software provides Level-3 functionality plus the ability to also share clinical information gather during a medical visit including clinical alerts, active medications, lab results, diagnostic codes, allergies, HPI spell out, ROS spell out, etc.
5	<ul style="list-style-type: none"> Software provides Level-4 functionality for both mental/behavioral health and medical conditions all within one database following organization specific security rules based on best practices.

Level	H – CA Mental Health
1	<ul style="list-style-type: none"> Software has not been used by any California free standing mental/behavioral health organizations so far.
2	<ul style="list-style-type: none"> Software provides a full interactive mental/behavioral health templates that have been installed in numerous California facilities.
3	<ul style="list-style-type: none"> Software provides Level-2 functionality plus nationally recognized mental/behavioral health care plans and alerts designed to improve the capture of patient related information based on best practices in California Facilities.
4	<ul style="list-style-type: none"> Software provides Level-3 functionality plus the ability to also share clinical information gather during a medical visit including clinical alerts, active medications, lab results, diagnostic codes, allergies, HPI, ROS, etc. in numerous California facilities
5	<ul style="list-style-type: none"> Software provides Level-4 functionality for both mental/behavioral health and medical conditions all within one database following organization specific security rules based on best practices in numerous California facilities.

2007 PMS and EHR Selection Process

Functionality Categories

Definitions

Level	A - Size of the Company
1	○ Company has been in business for less than 2 years and/or has annual revenues of less than \$1.0 Million
2	○ Company has been in business for less than 3 years and/or has annual revenues of less than \$5.0 Million.
3	○ Company has been in business for less than 8 years and/or has annual revenues of less than \$10.0 Million.
4	○ Company has been in business for more than 8 years and has annual HIT revenues between \$10.0 and \$50 Million.
5	○ Company has been in business for more than 8 years and has annual HIT revenues above \$50 Million.

Level	B - Company Staffing and Support
1	○ Company has less than 20 employees
2	○ Company has more than 20 employees.
3	○ Company has more than 40 employees and 80% of the employees are involved in the EHR marketplace.
4	○ Company has more than 60 employees, 80% of the employees are involved in the EHR marketplace, and many of the employees are involved in mental/behavioral health marketplace. .
5	○ Company has more than 100 employees, 80% of the employees are involved in the EHR marketplace, and many of the employees are involved in mental/behavioral health marketplace. Additionally, the company has numerous in mental/behavioral health specialist that can help the organization transform their activities.

Level	C - EHR Clients – Medical
1	○ Software vendor has less than 20 medical EHR clients.
2	○ Software vendor has between 21 and 100 medical EHR clients. .
3	○ Software vendor has more than 100 clients but less than 1,000 medical clients.
4	○ Software vendors has more than 1,000 clients and has < 50 clients in CA.
5	○ Software vendors has more than 1,000 clients and has > 50 clients in CA.

2007 PMS and EHR Selection Process

Functionality Categories

Definitions

Level	D - EHR Clients – Behavioral Health
1	<ul style="list-style-type: none"> Software vendor has less than 20 Behavioral Health clients.
2	<ul style="list-style-type: none"> Software vendor has between 21 and 100 clients and less than 20 using the behavioral health EHR.
3	<ul style="list-style-type: none"> Software vendor has more than 100 clients but less than 1,000 medical clients and more than 50 use the Behavioral Health EHR.
4	<ul style="list-style-type: none"> Software vendors has more than 1,000 clients and has < 50 clients in CA.
5	<ul style="list-style-type: none"> Software vendors has more than 1,000 clients and has > 50 clients in CA.

Level	E - EHR Clients – Combined Medical and Behavioral Health
1	<ul style="list-style-type: none"> Software vendor has less than 20 combined medical EHR clients.
2	<ul style="list-style-type: none"> Software vendor has less than 20 medical EHR clients and less than 10 mental/behavioral health clients. .
3	<ul style="list-style-type: none"> Software vendor meets level 2 and has more than 50 medical EHR clients and more than 10 mental/behavioral health clients.
4	<ul style="list-style-type: none"> Software vendor meets level 3 and has more than 200 medical EHR clients and more than 30 mental/behavioral health clients.
5	<ul style="list-style-type: none"> Software vendor meets level 4 and has more than 20 clients that use both medical and mental/behavioral health databases in one organization with multi-locations in California.

Level	F - Support
1	<ul style="list-style-type: none"> Software Company provides only telephone support.
2	<ul style="list-style-type: none"> Software Company provides level 1 telephone support Monday – Friday from 8:00 AM to 5:00 PM Vendor office time.
3	<ul style="list-style-type: none"> Software Company provides level 2 telephone support plus on-line support Monday – Friday from 8:00 AM to 5:00 PM based on client's location time zone.
4	<ul style="list-style-type: none"> Software Company provides level 3 support Monday – Friday from before 8:00 AM to after 5:00 PM based on client's location time zone.
5	<ul style="list-style-type: none"> Software Company provides 24-hour per day 7 days per week telephone and on-line support.

2007 PMS and EHR Selection Process

Functionality Categories

Definitions

Level	G - Company Installation, Training, and Support Methodology
1	<ul style="list-style-type: none"> ○ All training is conducted via telephone and web-cast. No pre-planning work flow analysis is provided.
2	<ul style="list-style-type: none"> ○ Training is provided via telephone, web-cast, and on-site training.
3	<ul style="list-style-type: none"> ○ Vendor provides level 2 training at a rate of less than 20 hours per "Provider".
4	<ul style="list-style-type: none"> ○ Vendor provides level 3 installation, training, and configuration at a rate of between 20 and 40 hours per "Provider".
5	<ul style="list-style-type: none"> ○ Vendor provides level 4 installation, training, and configuration at a rate of more than 40 hours per "Provider".

Level	H - End-User Satisfaction
1	<ul style="list-style-type: none"> ○ Our company is not rated by end-user satisfaction tracking companies like KLAS.
2	<ul style="list-style-type: none"> ○ Our company's end-user satisfaction surveys are prepared by 3rd party independent organizations.
3	<ul style="list-style-type: none"> ○ Our company's end-user satisfaction surveys are prepared by 3rd party independent organizations and we rank in the top 5 of similar EHR vendors.
4	<ul style="list-style-type: none"> ○ Our company's end-user satisfaction surveys are prepared by 3rd party independent organizations and we rank in the top 2 of similar EHR vendors.
5	<ul style="list-style-type: none"> ○ Our company's end-user satisfaction surveys are prepared by 3rd party independent organizations and we rank the number 1 in end-user satisfaction.

Level	I – Pricing (software, interfaces, services)
1	<ul style="list-style-type: none"> ○ Pricing is based on the number of users and averages less than \$10,000 per user.
2	<ul style="list-style-type: none"> ○ Pricing is based on the number of clinical providers and averages more than \$35,000 per provider.
3	<ul style="list-style-type: none"> ○ Pricing is based on the number of clinical providers and averages between \$20,000 and \$35,000 per provider.
4	<ul style="list-style-type: none"> ○ Pricing is based on the number of clinical providers and averages between \$10,000 and \$20,000 per provider.
5	<ul style="list-style-type: none"> ○ Pricing is based on the number of clinical providers and averages less than \$10,000 per provider.

2007 PMS and EHR Selection Process

Functionality Categories

Definitions

Level	J - Interfacing with a Practice Management System
1	<ul style="list-style-type: none"> The company does not interface to a practice management system
2	<ul style="list-style-type: none"> The company only provides an integrated PMS and EHR application and does not usually interface to other vendors. The vendor wither provides a Mental/behavioral health EHR or a Medical EHR but not both.
3	<ul style="list-style-type: none"> The company will create an interface to the organization's current PMS application at an additional cost. Additionally the Mental/behavioral heath product and the medical EHR products are set up as separate databases by two separate vendors that are not interfaced directly today.
4	<ul style="list-style-type: none"> The company will create a two way interface to the organization's current PMS application at an additional cost including patient demographics, insurance, balances, charges, clinical codes, and alerts. Additionally the Mental/behavioral heath product is interfaced directly with the same vendor's medical EHR.
5	<ul style="list-style-type: none"> The company will create a two way interface to the organization's current PMS application at an additional cost including patient demographics, insurance, balances, charges, clinical codes, and alerts. Additionally the Mental/behavioral heath product is integrated with the same vendor's EHR. The EHR will also interface with a PHR.

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2007 PMS and EHR Selection Process

Functionality Categories

Definitions

Definitions – There are a number of abbreviations that are used in this document. The consultants should inform the practices of the importance of each of these items.

- **ABN - Advance Beneficiary Notice:** Helps doctors and patients to make decisions about care, by helping patients to know when Medicare may not pay for a service.
 - **Benefit:** Practices with ABN capability can reduce the number of calls for un-covered diagnostic procedure by 98%.
 - **Disadvantage:** Not needed if your population of patients does not include Medicare. Products with ABN capability usually cost about 3% more than products without ABN Functionality.
- **ASP - Application Service Provider:** Ability to purchase the software on a monthly basis where the software vendor maintains a copy of your software on their computer and you access your practice's information via a secured internet connection. (Analogous to phone or cable TV service).
 - **Benefit:** Lower cost upfront and the vendor provide the servers and server support including hardware upgrades and back-ups.
 - **Disadvantage:** Higher overall costs after 3 years and the vendor holds all of your data. If the internet goes down, you do not have access to your charts.
- **CCHIT - Certification Commission for Healthcare Information Technology:** The Government has developed a "minimum functionality" testing site to insure that the product meets basic functionality:
 - **Benefit:** Companies that pass the certification have a higher chance is surviving. The product has been tested by a government funding organization.
 - **Disadvantage:** The certification process is just beginning and the majority of the vendors will be able to take the test until late fall or early in 2007.

2007 PMS and EHR Selection Process

Functionality Categories

Definitions (cont)

- **CCI Edits** – Correct Coding Initiative

The CMS developed the Correct Coding Initiative (CCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. The CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. The Coding Policy Manual should be utilized by carriers as a general reference tool that explains the rationale for CCI edits.

The purpose of the CCI edits is to ensure the most comprehensive groups of codes are billed rather than the component parts. Additionally, CCI edits check for mutually exclusive code pairs. These edits were implemented to ensure that only appropriate codes are grouped and priced. The unit-of-service edits determine the maximum allowed number of services for each HCPCS code.

- **CCR – Continuity of Care Record:** The industry has developed a standard methodology for sharing of patient demographics and clinical data following a common format. The CCR format includes active medications, prior lab results, allergies, health maintenance protocols, active diagnosis (ICD-9) and recent procedure codes (CPT), dates of hospitalization and office visits, etc.

- **Benefit:** Ability to share patient data across the US. Ability to send and receive patient specific data from other hospitals, ERs and other clinicians. Ability to create a CCR compliant summary clinical record so that the patient has access to their clinical information while on vacations or when moving to another area.
- **Disadvantage:** Products with CCR capability usually cost about 8% more than vendors without CCR.

- **CDS - Clinical Decision Support:** Software add-on functionality that is nationally recognized, practice customized alerts and guidelines from organization like AAFP, PEER, CDC, JAMA and others. Provides practices with extensive information on how to treat conditions based on 3rd party validate clinical studies.

- **Benefit:** Ability to provide better care and is usually required for malpractice cost reduction and Pay-for-performance (P4P) programs
- **Disadvantage:** Products with CDS capability usually cost about 25% more than vendors without CDS

- **DIM - Document Image Management:** The ability to scan or receive documents electronically directly into the EHR. Documents could include copies of patient driver's license, patient insurance cards plus any prior patient chart documents.

- **Benefit:** Practices cannot go completely paper-less unless they find a way of eliminated the old paper record. Strong functionality allows easy indexing and sorting of documents based on clinical tabs. Ability to deduce or eliminate the old file room.
- **Disadvantage:** Products with DIM capability usually cost about 15% more than vendors without DIM.

2007 PMS and EHR Selection Process

Functionality Categories

Definitions (cont)

- **DOQ-IT - Digital Office Quality - Information Technology:** CMS has developed a program that provides P4P funds for those practices that submit DOQ-IT clinical indicators.
 - **Benefit:** Practices that have DOQ-IT reporting capability to receive higher reimbursement for Medicare (CMS) patients starting in 2006.
 - **Disadvantage:** Products with DOQ-IT reporting capability usually cost about 12% more than vendors without DOQ-IT. Some practices do NOT want to submit clinical data to the government until they are mandated.
- **HL-7: Health Level Seven** - is one of several [American National Standards Institute](#) (ANSI) - accredited Standards Developing Organizations (SDOs) operating in the Healthcare arena. Health Level Seven's domain is clinical and administrative data.
 - **Benefit:** HL-7 is required for effective interfaces between PMS and equipment.
 - **Disadvantage:** Not needed if you do not need to connect with any other application or equipment device.
- **LMRP - local medical review policies** - Medicare reimbursement for outpatient services has slowed now that CMS has separated medical-necessity determinations from coding and coverage criteria, and billing compliance may get trickier. CMS in December began the two-year transition from local medical review policies (LMRPs) to local coverage decisions (LCDs). This is a big deal because it changes the process for deciding whether Medicare will pay for a particular service given the patient's diagnosis.
- **LOINC - Logical Observation Identifiers Names and Codes:** The purpose of the LOINC database is to facilitate the exchange and pooling of laboratory results from multi laboratory companies. Currently, most laboratories and other diagnostic services use HL7 to send their results electronically from their reporting systems to their care systems. However, most laboratories and other diagnostic care services identify tests in these messages by means of their internal and idiosyncratic code values. Thus, the care system cannot fully "understand" and properly file the results they receive unless they either adopt the producer's laboratory codes (which is impossible if they receive results from multiple sources), or invest in the work to map each result producer's code system to their internal code system. LOINC codes are universal identifiers for laboratory and other clinical observations that solve this problem.
 - **Benefit:** Practices with LOINC capability can view laboratory results in one common format even though the data was sent via different formats. Allows the ability to display lab results in a flowsheet by date and by type of test.
 - **Disadvantage:** If you receive laboratory results from only one source, the functionality is not really required. Products with LOINC capability usually cost about 7% more than products without LOINC.

2007 PMS and EHR Selection Process

Functionality Categories

Definitions (cont)

- **PHR - Personal Health Record:** Many of the EHR vendors can provide an optional program that allows the patient to interact with the practice. Many times PHR includes the ability to have the patient complete their registration information on-line as well as forms for completing "medical history", social history", and "family history".
 - **Benefit:** Practices with PHR capability have moved over 38% of data entry to the patient and PHRs allow the patient to request RX refills, appointments, and payment inquiries. The practice can provide secured messaging to the patient for items like RX, lab results, appointment reminders, health maintenance reminders, and the ability for the patient to review and pay their bills on-line.
 - **Disadvantage:** Not needed if the population will NOT use the internet. Products with PHR capability usually cost about \$50-\$100 per month more than products without PHRs.
- **PIER:** The American College of Physicians "Physicians' Information and Education Resource" database. Authoritative, evidence-based guidance to improve clinical care. PIER (Physicians' Information and Education Resource) is a Web-based decision-support tool designed for rapid point-of-care delivery of up-to-date, evidence-based guidance for clinicians. Information in PIER is presented in a "drill down" format, in which the user clicks from an opening guidance statement through to more specific information.
 - PIER is a collection of modules divided into five topic types:
 - Diseases
 - Screening and Prevention
 - Complementary and Alternative Medicine
 - Ethical and Legal Issues
 - Procedures

This might be a problem since we call PIER the final report required to determine the status of the project and its outcomes. See the language below.